Notices of Exempt Rulemaking

NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

NOTICE OF PROPOSED EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 14. DEPARTMENT OF HEALTH SERVICES LABORATORIES

[R05-129]

PREAMBLE

1. Sections Affected Rulemaking Action

Article 1 New Article
R9-14-101 New Section
R9-14-102 New Section
R9-14-103 New Section

2. The authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):

Authorizing statutes: A.R.S. §§ 36-136(A)(7) and 36-136(F)

Implementing statute: A.R.S. § 36-466

3. The proposed effective date of the rules:

The rules will become effective upon filing of the Notice of Exempt Rulemaking with the Secretary of State by August 25, 2005.

4. A list of all previous notices appearing in the Register addressing the proposed exempt rules:

Notice of Public Information: 11 A.A.R. 1367, April 8, 2005

5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:

Name: Joan Apt, Clinical Laboratory Program Manager

Address: Arizona Department of Health Services

Bureau of State Laboratory Services

250 N. 17th Ave.

Phoenix, AZ 85007-3231

Telephone: (602) 364-0738
Fax: (602) 364-0759
E-mail: aptj@azdhs.gov

Or

Name: Kathleen Phillips, Rules Administrator
Address: Arizona Department of Health Services

1740 W. Adams, Suite 202

Phoenix, AZ 85007

Telephone: (602) 542-1264
Fax: (602) 364-1150
E-mail: phillik@azdhs.gov

Notices of Exempt Rulemaking

6. An explanation of the rules, including the agency's reason for initiating the rules, including the statutory citation to the exemption from regular rulemaking procedures:

A.R.S. § 36-466, as added by Laws 2004, Ch. 49, § 1 (HB 2046), establishes the Advisory Committee on Clinical Laboratories (ACCL). Among other responsibilities, the ACCL recommends to the Department of Health Services (Department) a list of direct access tests and standards for the use and renewal of standing orders. A.R.S. § 36-466(H) defines "direct access tests" as:

[T]ests that may be obtained without a physician referral including tests that have been granted waived status under the federal Clinical Laboratory Improvement Amendments of 1988 (P.L. 100-518). Direct access tests do not include tests that are required to be reported to this state for public health and safety reasons.

A.R.S. § 36-466(D) requires the Department to make rules based on the ACCL's recommendations. According to Laws 2004, Ch. 49, § 3, the Department is exempt from the rulemaking requirements of A.R.S. Title 41, Chapter 6 until August 25, 2005.

7. A reference to any study relevant to the rules that the agency reviewed and either proposes to rely on in its evaluation of or justification for the rules or proposes not to rely on in its evaluation of or justification for the rules, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

The Department did not review any study.

8. A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. The summary of the economic, small business, and consumer impact:

According to Laws 2004, Ch. 49, § 3, the Department is exempt from the rulemaking requirements of A.R.S. Title 41, Chapter 6 until August 25, 2005.

10. The time, place, and nature of the proceedings for the making, amendment, or repeal of the rules, or if no proceeding is scheduled, where, when, and how persons may request a proceeding on the proposed rules:

The Department has scheduled the following public hearing:

Date: May 31, 2005 Time: 10:00 a.m.

Location: Arizona Department of Health Services

1740 W. Adams, Room 411

Phoenix, AZ 85007

Close of record: 5:00 p.m., May 31, 2005

Written comments on the proposed exempt rules may be submitted no later than the close of record to an individual listed in item #5.

A person with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting Lynn Golder at (602) 364-3958 or golderl@azdhs.gov. Requests should be made as early as possible to allow time to arrange the accommodation.

11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

None

12. Incorporations by reference and their location in the rules:

None

13. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 14. DEPARTMENT OF HEALTH SERVICES LABORATORIES

ARTICLE 1. EXPIRED DIRECT ACCESS TESTS AND LABORATORY STANDING ORDERS

Section

R9-14-101. Expired Definitions

R9-14-102. Expired Direct Access Test List
R9-14-103. Expired Laboratory Standing Orders

Notices of Exempt Rulemaking

ARTICLE 1. EXPIRED DIRECT ACCESS TESTS AND LABORATORY STANDING ORDERS

R9-14-101. **Expired** Definitions

In this Article, unless otherwise specified:

- "ALT" means alanine amino transferase.
- "AST" means aspartate amino transferase.
- "BUN" means blood urea nitrogen. <u>3.</u>
- <u>4.</u> "CBC" means complete blood count.
- "Clinical laboratory" means the same as in A.R.S. § 36-451.
- "CMP" means comprehensive metabolic panel.
- "Direct access test" means the same as in A.R.S. § 36-466.
- "HDL" means high-density lipoprotein.
- "Laboratory standing order" means a written directive by a licensed practitioner to a clinical laboratory to perform a test.
- 10. "LDL" means low-density lipoprotein.
- 11. "Licensed practitioner means":
 - a. A podiatrist licensed under A.R.S. Title 32, Chapter 7;
 - b. A doctor of chiropractic licensed under A.R.S. Title 32, Chapter 8;
 - c. A doctor of medicine licensed under A.R.S. Title 32, Chapter 13 or licensed in another state;
 - d. A doctor of naturopathic medicine licensed under A.R.S. Title 32, Chapter 14;
 - e. A doctor of osteopathic medicine licensed under A.R.S. Title 32, Chapter 17 or licensed in another state;
 - A homeopathic physician licensed under A.R.S. Title 32, Chapter 29;
 - g. A dentist licensed under A.R.S. Title 32, Chapter 11, Article 2;
 - h. A physician assistant who is licensed under Title 32, Chapter 25 and who has the supervising physician's delegation required in A.R.S. § 32-2531; or
 - A registered nurse practitioner licensed under A.R.S. Title 32, Chapter 15 and certified under A.A.C. R4-19-504.
- "Patient" means an individual receiving services from a licensed practitioner.
- 13. "PSA" means prostatic specific antigen.
- 14. "Reflex testing" means a follow-up test automatically initiated by a clinical laboratory after an abnormal test result.
- 15. "State" means the same as in A.R.S. § 36-841.
- 16. "Supervising physician" means the same as in A.R.S. § 32-2501.

 17. "T4" means thyroxine.

 18. "TSH" means thyroid stimulating hormone.

Expired Direct Access Test List R9-14-102.

The direct access test list includes:

- 1. Lipid profile, including:
 - a. Total cholesterol,
 - Triglycerides,
 - c. HDL, and
 - d. LDL;
- Glucose;
- Dipstick urinalysis;
- TSH with T4 reflex testing;
- PSA;
- <u>6.</u> Blood typing;
- CBC;
- Fecal occult blood;
- Hemoglobin A1C;
- 10. Urine pregnancy; and
- 11. CMP:
 - a. Including:
 - i. Carbon dioxide,
 - ii. Sodium,
 - iii. Potassium,
 - iv. Chloride,
 - v. Albumin,
 - vi. Alkaline phosphatase.
 - vii. ALT,
 - viii. AST,

Notices of Exempt Rulemaking

- ix. Total bilirubin,
- \underline{x} . \underline{BUN} ,
- xi. Creatinine,
- xii. BUN-creatinine ratio,
- xiii. Glucose,
- xiv. Albumin-globulin ratio,
- xv. Calcium,
- xvi. Globulin, and
- xvii. Total protein; and
- b. Excluding anion gap.

R9-14-103. Expired Laboratory Standing Orders

A laboratory standing order:

- 1. Shall specify:
 - a. The licensed practitioner's name, type of license, and licensing state;
 - b. The patient's name;
 - c. One or more tests; and
 - d. The frequency of testing; and
- 2. Remains in effect up to one year.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES

[R05-125]

PREAMBLE

1. Sections Affected

Rulemaking Action
New Section

R9-25-510

The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):

Authorizing statutes: A.R.S. §§ 36-136(F), 36-2202(A)(4), and 36-2209(A)(2)

Implementing statutes: A.R.S. §§ 36-2204(8) and 36-2205(A)

Statute or session law authorizing the exemption: A.R.S. § 36-2205(C)

3. The effective date of the rules:

April 1, 2005

4. A list of all previous notices appearing in the Register addressing the exempt rule:

None

5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:

Name: Gene Wikle, Chief

Address: Arizona Department of Health Services

Bureau of Emergency Medical Services

150 N. 18th Ave., Suite 540

Phoenix, AZ 85007

Telephone: (602) 364-3150 Fax: (602) 364-3568 E-mail: wiklee@azdhs.gov

Or

Name: Kathleen Phillips, Rules Administrator

Notices of Exempt Rulemaking

Address: Arizona Department of Health Services

Office of Administrative Rules 1740 W. Adams, Suite 202

Phoenix, AZ 85007

Telephone: (602) 542-1264
Fax: (602) 364-1150
E-mail: phillik@azdhs.gov

6. An explanation of the rule, including the agency's reasons for initiating the rule, including the statutory citation to the exemption from regular rulemaking procedures:

This rulemaking clarifies an EMT-Basic's scope of practice related to carrying and administering aspirin. In January 2002, the Medical Direction Commission, the statutory committee created by A.R.S. § 36-2203.01, recommended to the Arizona Department of Health Services (ADHS) that EMT-Basics be permitted to carry and administer aspirin. In April 2002, the Emergency Medical Services Council, a statutory committee created by A.R.S. § 36-2203, recommended to ADHS that EMT-Basics be permitted to carry and administer aspirin for patients with chest pain. ADHS accepted the recommendations and amended R9-25-803, Exhibit 1 (since recodified to R9-25-503, Exhibit 1), effective June 1, 2002, by adding an EMT-Basic Drug List that only included aspirin. Since that time, there has been some confusion among emergency medical services providers about the carrying and administration of aspirin by EMT-Basics.

In the new R9-25-510, ADHS clarifies that an EMT-Basic is authorized to carry aspirin, that an EMT-Basic is authorized to administer aspirin only to an adult patient suffering from chest pain, and that the administration of aspirin to an adult patient suffering from chest pain is not an advanced procedure that requires an EMT-Basic to have administrative medical direction and on-line medical direction.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on in its evaluation of or justification for the rule or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

Not applicable

8. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. The summary of the economic, small business, and consumer impact:

Not applicable

10. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):

Not applicable

11. A summary of the comments made regarding the rule and the agency response to them:

Not applicable

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

13. Incorporations by reference and their location in the rules:

None

14. Was this rule previously made as an emergency rule? If so, please indicate the Register citation:

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

Section

R9-25-510. Repealed Protocol for EMT-B Carrying and Administration of Aspirin (A.R.S. §§ 36-2202, 36-2204, 36-2205, and 36-2209)

Notices of Exempt Rulemaking

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

R9-25-510. Repealed Protocol for EMT-B Carrying and Administration of Aspirin (A.R.S. §§ 36-2202, 36-2204, 36-2205, and 36-2209)

- A. An EMT-B is authorized to carry aspirin for administration as described in subsection (B).
- **B.** An EMT-B is authorized to administer aspirin only to an adult patient who is suffering from chest pain.
- C. An EMT-B's administration of aspirin to an adult patient who is suffering from chest pain is not an advanced procedure that requires the EMT-B to have administrative medical direction and on-line medical direction.
- **D.** For purposes of this Section, "adult" means 18 years of age or older.